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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/539,032	03/30/2000	Samir Kumar Brahmachari	KNS3.001AUS	7985
	7590 07/21/200 RTENS OLSON & BE		EXAM	IINER
2040 MAIN STREET FOURTEENTH FLOOR			CLOW, LORI A	
IRVINE, CA 92	= =		ART UNIT	PAPER NUMBER
			1631	
			NOTIFICATION DATE	DELIVERY MODE
			07/21/2009	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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Intonsions Company	09/539,032	9/539,032 BRAHMACHARI ET AL.	
Interview Summary	Examiner	Art Unit	
	LORI A. CLOW	1631	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Lori A. Clow (PTO)</u> .	(3)		
(2) <u>Neil Bartfeld (Apps. Rep.)</u> .	(4)		
Date of Interview: <u>13 July 2009</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	ı)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: Discussed the outstanding the program PEPLIMP in the specification which correspond claim recitation, which reads PEMLIMP, is a typographical agreed that PEPLIMP is fully described in the specification	ng New Matter rejection. Appl nds to step (iii) of instant claim error and will be corrected via	icant pointed to s 1. Applicant not	support for ed that the
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APPI DAYS FROM T WHICHEVER IS	LICANT IS HIS
/Lori A. Clow/			

Application No.

Applicant(s)